



What Do I Do?

Module: I
Topic: Understanding Children’s Behavior
Type: Scenario/Case Study
Group Size: Pairs or Small Groups
Time: 20 minutes

Purpose:

To identify causes of, and appropriate caregiver responses to, infant/toddler behaviors that are seen by the caregiver as inappropriate.

What you will need:

Participant Materials	Trainer Materials	Equipment
<p>The following handouts: From PITC Trainer’s Manual, Module I: :: Handout 25: Socialization Techniques :: Handout 26: The Roots of Socialization :: Handout 27: Caregivers’ Practices That Guide Acceptable Behavior :: What Do I Do? Scenarios</p>		

Directions:

1. After presenting the topic Understanding Behavior (see Handouts 25, 26 and 27), divide the group into pairs or small groups. Pass out the scenarios. Assign each group to read a scenario and determine:
 - a) Specifically, what about the child’s behavior needs a response from the adult? (Is the child’s behavior typical of this age or developmental stage? Why does the behavior require a response? Does the caregiver have unrealistic expectations? Is the behavior a danger to others?)
 - b) Possible causes of the child’s behavior.
 - c) Appropriate responses the caregiver could make to the child’s behavior. (Several different responses may be necessary to achieve the desired effect).
 - d) Potential responses of the children to the caregivers’ actions. (For example, does the caregiver’s response eliminate the child’s behavior? Does it create the potential for new appropriate or unacceptable behaviors?)
2. Ask the pairs/small groups to present their scenarios and ideas about the children’s behavior.

PITC ACTIVITIES

Variations:

:: Have the participants role play the scenario and caregiver responses. Caregivers could role play appropriate and inappropriate responses. If time is available, the trainer could invite the participants to provide their own scenarios to be discussed by the group. This may be particularly helpful to participants who are struggling to understand a child's behavior occurring in their own classroom or home.

Links to Head Start Program Performance Standards:

Education and Early Childhood Development

:: 1304.21(a)(1)(i)

:: 1304.21(a)(1)(ii)

:: 1304.21(a)(1)(iii)

:: 1304.21(a)(3)(i)(C)

Activity Developed by:

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Source Material:

WestEd. (1995). *The Program for Infant/Toddler Caregivers' Trainer's manual, Module 1: Social-emotional growth and socialization*. Sacramento, CA: California Department of Education.



Transparency/Handout #25

Socialization Techniques

Observe the children, read the situation, then act. Some things you might do:

1. *Change the environment.*
Add more materials or reduce the stimulation.

2. *Offer choices.*
Create a balance of power: With older infants, decide on food choices, for example, then ask, "Do you want milk or juice?" You set up the environment; the infant or toddler chooses the activities.

3. *Help toddlers with tantrums.*
Teach children that tantrums or angry outbursts will not "work," but that you are supportive of their feelings.
 - 1) Be there for the child, offering calm words of support, while you wait for the high emotion to pass.
 - 2) If the child is in danger of hurting herself or himself or others, hold the child and offer verbal reassurance. "I won't let you hurt and I won't let you be hurt."

4. *Focus on "do's" instead of "don'ts."*
For example, say "Pat gently" instead of "Don't touch."

5. *Model appropriate behavior.*
Adults who care for young children should *demonstrate* the kinds of behavior they want to nurture in children.

Transparency/Handout #25 (cont'd)

Socialization Techniques

6. *Provide acceptable alternatives.*
Provide alternatives for infants or toddlers who want to poke, bite, or hurt another child in any way.

7. *Appreciate and encourage prosocial behavior.*
Accentuate the positive. Notice the kind, helpful, and cooperative things that children do. Encourage prosocial attempts.

8. *Firmly share concerns about hurting.*
Give clear, strong messages that a child must not hurt others, but don't shame or ridicule the child or use physical punishment. Recognize that young or mobile infants may not understand that their behavior is hurting another child.

9. *Help children make connections.*
Help children see the connection between what they did to help or hurt another child and how it affected the other child.

10. *Teach words to express strong emotions.*
Verbally reflect children's feelings: "It looks like you are angry." Help toddlers to use words with you or their peers: "Tell Jenny, 'I want my toy back.'"

11. *Use hugs and humor.*
Warmth and affection help children feel happy and secure. Humor can help you salvage the day.

Transparency/Handout #26

The Roots of Socialization

Guidance and Caring Go Together

Babies whose basic needs for love and care are consistently met are more cooperative as they grow older than babies whose needs are not met.

Understanding Children's Individual Needs and Abilities

- Give babies time to absorb and understand what you are trying to teach them.
- With older infants, go over rules ahead of time.
- Be aware of individual differences in tolerating stress.
- Try not to laugh at toddler's mishaps; they're sensitive about their dignity.

Prevention Is an Excellent Socialization Tool

- Make the play space child proof.
- Prepare the play environment thoughtfully.
- Vary the tempos of the day.
- Be nearby and attentive.
- Be consistent.
- Keep promises.
- Refocus a toddler's attention before inappropriate behavior occurs.

Handout #27

Caregivers' Practices That Guide Acceptable Behavior

(The visions listed here are excerpts from Vision VII in *Visions for Infant/Toddler Care: Guidelines for Professional Caregiving*. See also p. 62 in this *Guide*.)

Vision: Knowing what behavior is appropriate or acceptable in a situation is an important skill. Children develop this understanding when consistent limits and realistic expectations of their behavior are clearly and positively defined. Understanding and following simple rules can help children develop self-control. Children feel more secure when they know what is expected of them and when adult expectations realistically take into account each child's development and needs. In nurturing this self-control, caregivers can use a variety of positive guidance methods: listening, reinforcing appropriate behavior, anticipating and defusing conflicts, or redirecting aggression. Negative methods such as spanking, shaming, or threatening can lead to physical and verbal aggression and inhibit the development of self-discipline.

Practices: The infant/toddler caregiver working in a center or family child care home:

- Builds a trusting relationship with children as a foundation for positive guidance and self-discipline
- Accepts children's sad or angry feelings, provides acceptable outlets for children to express the feelings, and teaches words for feelings
- Establishes simple, reasonable, and consistent guidelines, limits, and rules for children's behavior to encourage self-control
- Alerts children to changes in activities or routines well in advance and handles transitions from one activity to another with clear direction and patience
- Knows a variety of positive guidance methods -- such as listening, reinforcement, and redirection -- and uses each appropriately to teach children what to do
- States directions clearly and positively, for example, says "please walk" instead of "don't run"
- Avoids negative methods such as spanking, threatening, isolating, shaming, or shouting at children
- Is able to modify play when it becomes overstimulating for the children
- Anticipates confrontations between children and defuses aggressive behavior
- Addresses the problem behavior or situation rather than labels the child involved, for example, "Oh, the milk spilled, let's clean it up," not "You are so clumsy!"
- Helps parents develop realistic expectations for children's behavior in ways that help avoid disciplinary problems, for example, discusses how long children can sit still

Handout #27 (cont'd)

Caregivers' Practices That Guide Acceptable Behavior

- Encourages parents to talk about child rearing, guidance, and self-discipline and refers the parents to classes, books, and other resources, as appropriate
- Knows parents' disciplinary methods and expectations and selects those appropriate for use in the center or family child care home
- Recognizes that serious behavior problems are sometimes related to developmental or emotional problems and works cooperatively with parents toward solutions
- Is aware of each child's limitations and abilities, uses guidance techniques accordingly, and explains rules at the child's level of understanding

Vision: *Young Infants* (birth to nine months) begin to adapt their rhythms of eating and sleeping to the expectations of their social environment through the gentle guidance of sensitive caregivers who meet their needs. Learning basic trust in adults and the environment now makes the child much more open to accepting guidance from adults later on and lays the groundwork for developing self-discipline.

Practices: The caregiver working with *young infants*:

- Creates an environment of love and trust through warmth and responsive caring
- Gradually guides infants into regular sleeping and eating patterns but remains responsive to individual needs
- Responds to infants' needs for comfort and protection

Vision: *Mobile infants* (six to eighteen months) want to do everything, but they have little understanding about what is permissible and cannot remember rules. Adults can organize the environment in ways that clearly define limits and minimize conflicts. While respecting the child's experiments with saying no, caregivers who set appropriate limits can reinforce positive social interaction (e.g., hugging), discourage negative behaviors (e.g., biting), and model how to treat people and things gently.

Practices: The caregiver working with *mobile infants*:

- Says no when necessary for guidance and safety, moves the child or dangerous object, and gives a simple explanation
- Has realistic expectations about children's attention spans, interests, social abilities, and physical needs
- Redirects children gently and explains limits

Handout #27 (cont'd)

Caregivers' Practices That Guide Acceptable Behavior

- Gives children real choices and accepts the choices made, for example, "Do you want to read a book with me or play on the climber?" or "Shall we have the apples or bananas for snack today?"

Vision: *Toddlers* (sixteen to thirty-six months), who move through recurring phases of extreme dependence and independence, gain new skills and awareness. They require an understanding caregiver who remains calm and supportive during their struggle to become independent. Adults must be resourceful in recognizing and encouraging self-reliant behavior (e.g., letting toddlers solve their own problems, when possible, while at the same time setting clear limits).

Practices: The caregiver working with *toddlers*:

- Lets toddlers solve their own problems whenever possible
- Limits inappropriate behavior in ways that show respect and support for the toddler's sense of dignity
- Avoids power struggles by using redirection, distraction, or active listening with toddlers who say no or refuse to cooperate
- Explains the reasons for limits in simple words, demonstrating whenever possible
- Uses firm and friendly reminders rather than harsh reprimands when rules are forgotten or disobeyed
- Uses positive language with children, for example, says "walk" rather than "don't run"
- Follows through on limits set
- Encourages other adults and older children to use positive guidance and help younger children build self-control

What Do I Do?

1. Steven and Peter

Stephen, 10 months, lays on his stomach facing Peter, 8 months. Stephen gazes intently at Peter's face and reaches out to touch him. Stephen's fingers swipe across Peter's face and leave small scratches. Peter starts to fuss. Stephen moves his hand down (to the open hole making noise) and two of his fingers go into Peter's mouth. Peter bites Stephen who begins to cry loudly.

2. Dolores

Dolores, 18 months, plays with a pop-up toy for about 5 minutes then looks at a book for several minutes. When done with the book, she looks around the room and sees bare tables with no chairs around them, one pile of 5 ripped-up books, a climbing mat with 6 toddlers piled on it, and 3 pop-up toys. She knocks over the pile of books, climbs on top of the table for a moment, then goes to the door to the hallway. She sticks her head over the gate and casually yells loudly down the hall then begins to kick the gate repeatedly.

3. Matthew and Jessica

Matthew and Jessica, 26 and 28 months, are playing house in the dramatic play area. Matthew is pretending to talk to Mommy on a toy phone. He puts the phone down on a table and walks to the window. After a few moments of looking outside, he returns to the table and sees Jessica playing with the phone. He screams, "Mine!" and tries to pull the phone from Jessica. She won't let go and a struggle ensues. Matthew hits Jessica and they both fall to the ground tugging on the phone.

Questions:

1. What is the unacceptable behavior? Why is it unacceptable?
2. What are the possible causes of the behavior?
3. What are some appropriate caregiver responses to the behavior?
3. How might the child respond to the caregiver's actions suggested in question three?